

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90372 038 ****50.00

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DOCUMENT # L04000005648 1. Entity Name MARTIN'S PAINTING LLC					
Principal Place of Business 1115-2 MONTICELLO LANE PORT ORANGE, FL 32129 US			Mailing Address 1115-2 MONTICELLO LANE PORT ORANGE, FL 32129 US		
2. Principal Place of Business <i>927 Sandlewood Dr.</i> Suite, Apt. #, etc. <i>Port Orange, FL</i> City & State		3. Mailing Address <i>927 Sandlewood Dr.</i> Suite, Apt. #, etc. <i>Port Orange, FL</i> City & State			
Zip <i>32127</i>	Country <i>USA</i>	Zip <i>32127</i>	Country <i>USA</i>	4. FEI Number <i>27-0076873</i> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WEEKS, MARTIN L JR. 1115-2 MONTICELLO LANE PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name <i>Weeks, Martin L. Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>927 Sandlewood Drive</i> City <i>Port Orange</i> FL Zip Code <i>32127</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Martin L. Weeks</i> DATE <i>4-29-05</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEEKS, MARTIN L JR. 1115-2 MONTICELLO LANE PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEEKS, SHERRI L 1115-2 MONTICELLO LANE PORT ORANGE, FL 32129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEEKS, MARTIN L SR. 5939 PARK RIDGE CIRCLE PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEEKS, MARTIN L SR. 5939 PARK RIDGE CIRCLE PORT ORANGE, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Martin L. Weeks</i>			DATE: <i>4-29-05</i>		